

BEST AVAILABLE COPY

MULTIPLE DEPENDENT FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						CLAIM	SERIAL NO.	FILING DATE					
						10 / 565510	APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1						51					
2		1				52							
3		1				53							
4		1				54							
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45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	1												
TOTAL DEP.	1												
TOTAL CLAIMS	12												